

CONTINUING EDUCATION REPORTING FORM

(Make copies as needed)

Notice: In order to renew, please complete this form with your completed renewal application and renewal fee. **40 hours required (minimum: 10 hours in Clinical MFT; 3 hours in Professional Ethics; and 5 hours in Supervision for Approved Supervisors.** Please refer to Chapter 536-X-5 of the Administrative Code for further information (available at www.mft.state.al.us)

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|-----------------------------------|--|
| 1. Sponsoring Organization: _____ | Type of Hours Earned: |
| Location of Seminar: _____ | <input type="checkbox"/> Clinical MFT |
| Title: _____ | <input type="checkbox"/> Professional Ethics |
| Brief Description: _____ | <input type="checkbox"/> Supervision |
| _____ | <input type="checkbox"/> Other _____ |
| Principal Instructor: _____ | _____ |
| Dates: _____ | Hours Earned: _____ |
| | |
| 2. Sponsoring Organization: _____ | Type of Hours Earned: |
| Location of Seminar: _____ | <input type="checkbox"/> Clinical MFT |
| Title: _____ | <input type="checkbox"/> Professional Ethics |
| Brief Description: _____ | <input type="checkbox"/> Supervision |
| _____ | <input type="checkbox"/> Other _____ |
| Principal Instructor: _____ | _____ |
| Dates: _____ | Hours Earned: _____ |
| | |
| 3. Sponsoring Organization: _____ | Type of Hours Earned: |
| Location of Seminar: _____ | <input type="checkbox"/> Clinical MFT |
| Title: _____ | <input type="checkbox"/> Professional Ethics |
| Brief Description: _____ | <input type="checkbox"/> Supervision |
| _____ | <input type="checkbox"/> Other _____ |
| Principal Instructor: _____ | _____ |
| Dates: _____ | Hours Earned: _____ |